2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90058 005 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # K99630

1. Entity Name
DRIZIS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1725 ROBINHOOD LANE CLEARWATER FL 33764 US	1725 ROBINHOOD LANE 1101 PINELLAS BAYWAY #107 CLEARWATER FL 33764 US

2. Principal Place of Business	3. Mailing Address
811 EVELYN AVENUE	12211 49th St. N
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33764 Country: PINELLAS	Zip: 33762 Country: PINELLAS

4. FEI Number 59-2957305 ☐ Applied For ☐ Not Applicable

~~6. Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRIZIS, JOHN D.
1725 ROBINHOOD LANE
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name: Kimberly A. Drizis
Street Address (P.O. Box Number is Not Acceptable): 811 Evelyn Avenue
City: Clearwater FL Zip Code: 33764

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 1-31-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DRIZIS, JOHN D 1725 ROBINHOOD LANE CLEARWATER FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kimberly A. Drizis 811 Evelyn Ave. Clearwater, FL 33764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DRIZIS, KIMBERLY A 1725 ROBINHOOD LANE CLEARWATER FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/4/01 (727) 572-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)